

PTO/SB/97 (08-00)

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TOTAL NUMBER OF PAGES SUBMITTED INCLUDING COVER PAGE: 4

SERIAL NUMBER: 10/042,132

FILED: January 11, 2002

INVENTOR: Kurt A. Rubin et al.

DOCKET NUMBER: ARC919990196US1

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PTO/SB/21 (08-00)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/042,132	
	Filing Date	01/11/2002	
	First Named Inventor	Kurt A. Rubin et al.	
	Group Art Unit	2651	
	Examiner Name	Natalia Figueroa	
Total Number of Pages in This Submission	4	Attorney Docket Number	ARC919990196US1

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Change of Correspondence Address
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Marc D. McSwain	Reg. # 44,929
Signature	<i>Marc D. McSwain</i>	
Date	03/09/2005	

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 00.00

Complete if Known

Application Number	10/042,132
Filing Date	January 11, 2002
First Named Inventor	Kurt A. Rubin et al.
Examiner Name	Natalia Figueroa
Art Unit	2651
Attorney Docket No.	ARC919990196US1

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	Marc D. McSwain	Registration No. (Attorney/Agent)	44,929	Telephone	408-927-3364
Name (Print/Type)	Marc D. McSwain			Date	March 9, 2005

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PTO/SB/122 (09-04)

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CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:
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Application Number	10/042,132
Filing Date	January 11, 2002
First Named Inventor	Kurt A. Rubin et al.
Art Unit	2651
Examiner Name	Natalia Figueroa
Attorney Docket Number	ARC919990196US1

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Signature Marc D. McSwain

Typed or Printed
Name Marc D. McSwain

Date March 9, 2005

Telephone 408-927-3364

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